PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/520,011			ing Date 29/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY											HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A	LD NO	N/A	ı	N/A	TEE (a)	١	N/A	TEE (8)
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A		ı	N/A	
H	(37 CFR 1.16(k), (i), EXAMINATION FE		N/A		N/A		N/A		ı	N/A	
	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *			ı	x s =		Oit	x s =	
(37	CFR 1.16(h))	If the	If the specification and drawing		ne overed 100	ı	A# -			^* -	
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	n size fee due							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY											
AMENDMENT	04/26/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(1))	• 20	Minus	·· 21	= 0	ı	x \$ =		OR	X \$52=	0
z	Independent (37 CFR 1.16(h))	• 4	Minus	4	= 0	l	x \$ =		OR	X \$220=	0
ş	Application Size Fee (37 CFR 1.16(s))										
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.1801)		Minus	**		i	x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))		Minus	***	-		x \$ =		OR	x s =	
Ä	Application Size Fee (37 CFR 1.16(s))								1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  The "Highest Number Prevously Paid For IN THIS SPACE is less than 5, enter "3".											

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